



Cornerstone *of Recovery*

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Intervention Guide

If you're looking to talk to an addict or alcoholic in your life about their problem, here are some steps for a small-scale intervention that you can use to begin the process.

Keep in mind that the end result is always to get the individual to agree to treatment. If this initial intervention isn't successful – and you should prepare yourself for the possibility that it won't be – that doesn't mean that treatment is off the table, or that the intervention has failed. It simply means that a more formal process needs to be undertaken, one carried out under the supervision of Cornerstone of Recovery's intervention specialist, Bill Lee.

1. Secure treatment.

The first step is to secure treatment before the intervention takes place. The agenda for the initial meeting is for the addict to provide a “yes” or “no” to a request that he or she seeks help, but a bed at a treatment facility needs to be waiting for them if they answer affirmatively. It's vital that a facility is chosen, financials are worked out and a bed is reserved before the intervention takes place. To discuss securing an admission to Cornerstone of Recovery, contact our Admissions Department at 865-685-4086.

2. Gather Your Team.

Assemble a small group of family and/or friends to take part in the process. Because the agenda – again – is to secure a “yes” or “no” to the specific request of going to treatment, the group needs to remain manageable, so that everyone present has an opportunity to contribute to the process.

3. Find a Public Meeting Place.

Select a public location for the intervention; Bill Lee recommends a restaurant for two reasons: “People tend to behave themselves, and there’s a built-in time limit. You’re not going to be allowed to sit there for more than about 90 minutes.” It’s not a wise decision to arrange for an intervention in a private home, because interventions, as a rule, tend to be emotional. In an emotionally neutral setting like a restaurant, however, tempers tend to be reined in, and emotional outbursts are contained.

4. Agree on an Agenda.

The language used in this stage of the intervention is critical. All participants should keep in mind that the agenda is to give the addict an opportunity to say “yes” or “no.” It is not a discussion or a power struggle or a negotiation. There is no “talking” them into going. Many addicts are experts at “moving the goalposts” – agreeing to do something if certain criteria are met, but that defeats the purpose of the intervention: to force the addict to accept help, which starts the recovery process; or deny it, which then moves the intervention into a more intensive phase that involves outside professional assistance.

5. Stick to the Facts.

Secondly, participants should only discuss issues and incidents that have already occurred rather than potential scenarios that have not yet happened. It’s necessary to be detailed about these past events, and to limit them to ones that have made the biggest emotional impact on those affected. Participants don’t want to recite a litany of transgressions that fall on deaf ears; they should recount specific locations, dates and affected individuals germane to the critical event – and most important, how those individuals felt at the time (angry, betrayed, hurt, etc.) – so that the addict understands the scope of the impact his or her actions have had on those involved. The emotions, not a rote recounting of the event, are what will persuade the addict to agree to go to treatment.

6. Prepare Yourself.

Remember that this is an act of love and concern. Yes, there is pain involved, and those present may feel betrayed, angry and any number of other negative emotions, but the purpose of the intervention is to give the addict an opportunity to agree to treatment. You want the addict to agree to get better because you’re concerned for his or her wellbeing; don’t lose sight of that objective.

7. Stay Calm.

Don't take the bait: In other words, the addict may feel that provoking those in attendance or starting an argument will derail the process. It may be tempting to give in to the desire to "unload" on the individual who's caused pain, but that's detrimental to the desired result: getting the addict to say "yes" to treatment.

8. Transport to Treatment.

At the sake of being repetitive: The goal of this intervention is for the addict to give a "yes" or "no" answer to going to treatment. It is not a negotiation. If the subject agrees, then a predetermined member of the party should be prepared to drive that individual directly to the prearranged treatment facility.

Keep in mind that there is an equally likely chance the addict will say no. That doesn't mean that the intervention process has failed; it simply means that professional guidance is needed to organize a more structured and formal intervention. That's where Bill Lee comes in. Contact him at 865-970-7747, or at billlee@cornerstoneofrecovery.com.